

# Objective



AT THE COMPLETION OF THIS LESSON, YOU  
(THE STUDENT) WILL BE ABLE TO  
DEMONSTRATE THE SKILLS AND KNOWLEDGE  
REQUIRED TO COMPLETE THE OPERATOR  
ENTRIES ON DD FORM 518 AND SF 91 WITH  
ERROR.

DD FORM 518 AND SF 91



**SF 91**

**OPERATOR'S REPORT  
OF MOTOR VEHICLE ACCIDENT**

**TO PROTECT YOU AND THE GOVERNMENT  
AGAINST FALSE CLAIMS AND EXAGGERATIONS**



## **GENERAL INSTRUCTIONS**

- Always stop and investigate any accident in which persons are involved.
- Take precautions to prevent further damage.
- Render first-aid.
- Do not leave the scene of the accident.
- Notify authorities as soon as possible.
- Never express opinion either orally or in writing.
- Be exact in checking each item on the SF 91.



**DD FORM 518**

**GENERAL INSTRUCTIONS**

- This form is used to give any persons involved accident all of the information that they require.
- Give to the person directly involved in the accident.
- If a parked vehicle, place the form on or in the vehicle in a conspicuous place.
- Notify authorities and wait till their arrival.



## DD FORM 518

ACCIDENT-IDENTIFICATION CARD	
(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)	
Any correspondence regarding accident should be addressed to:	
Commanding General FT Eustis, VA 23604-5000	
MAKE REFERENCE TO	
DATE OF ACCIDENT 17 Jan 97	
MAKE AND TYPE OF VEHICLE M923A2, Trk, CGo, 5-Ton	
REGISTRATION NO. 2C111FX	
DRIVER (Last name - first name - initial) Jones, John J	
SSN	GRADE PFC
ORGANIZATION 123d TRANS CO FT Eustis, VA 23604-5000	

DD FORM 518  
1 OCT 78

PREVIOUS EDITION  
IS OBSOLETE.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Sec 638a, Title 31, USC and EO 9397.

**PRINCIPAL PURPOSE:** To provide persons involved in an accident with a DoD owned/leased vehicle the identity of the person with authority to act on the matter.

**ROUTINE USES:** Placed in each vehicle for purpose stated above. When a DoD vehicle is involved in an accident, the driver provides the other party(s) with a properly executed DD Form 518. The SSN is requested because of similarity of names, to further identify the driver of the DoD vehicle.

**DISCLOSURE IS VOLUNTARY.** No disciplinary action is taken in cases where the SSN is not provided.

\*U.S. Government Printing Office: 1991 — 281-486/40451

# Summary



## **SF 91:**

- The driver is responsible for filling out section I.
- Sections XI through XIII are filled out by an accident investigator for bodily injury or property damage exceeding \$500.
- Leave no blocks completely blank.

## **DD FORM 518:**

- This form is used to give to any person(s) involved in an accident to provide all the information they need.
- If the vehicle is unattended, place in conspicuous place or on the vehicle
- Notify authorities as soon as possible
- Stay at the scene and render first-aid if necessary